

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028344-
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 296

FILED JUL 18 1962

1. PLACE OF DEATH

a. COUNTY

St Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Bonne Terre

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Bonne Terre Hospital

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St Francois

c. CITY
OR
TOWN Bonne Terre

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

66 E. School St

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Verna Mae House

4. DATE
OF
DEATH

Month

Day

Year

July 13, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

8-26-1899

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Drug Store

11. BIRTHPLACE (City and state or country)

East Bonne Terre, Mo

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

Henry C Carrow

13b. MOTHER'S MAIDEN NAME

Carrie Welborn

14. NAME OF HUSBAND OR WIFE

Harold J. House (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Bonne Terre, Mo.

W.H. House, 66 E. School St.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aspiration pneumonia.

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Ingestion of chloroform liniment.

3 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7/10/62

to 7/13/62

and last saw her alive on 7/13/62

Death occurred at

4:20

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Bonne Terre, Missouri

22c. DATE SIGNED

7/14/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jul 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

St Francois Mem. Pk.

23d. LOCATION (City, town, or county)

Bonne Terre, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mo

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

C.Z. Boyer & Son, Inc. Bonne Terre

July 14, 1962

Esther R. Rindoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burlin T. Boyer Jr

Licensed Embalmer No. 5117

P. O. Address Bonnet Ferry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.